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ABSTRACT

Recent research suggests that circumstances surrounding the death of a loved one and the characteristics of the survivor may affect the grief reaction. To investigate the effect of race and type of death (sudden or anticipated) on the bereavement experience, a true-false questionnaire and the Grief Experience Inventory were administered to 74 adults who had recently lost a spouse. No significant differences were found between sudden versus lingering death survivors. Differences between black and white participants indicated that in dealing with grief black people were more likely than white persons to use defenses such as denial, repression and rationalization and reported more preoccupation with thoughts of the deceased than did the white subjects. The findings suggest that if these defense mechanisms had not been operating, significant differences on other clinical scales might have been found. (Author/JAC)

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RACE AND TYPE OF DEATH AS FACTORS IN THE EXPERIENCE OF BEREAVEMENT

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Abstract

Seventy-four residents of metropolitan Atlanta who had lost a spouse between two months and one year prior to the interview date were interviewed. Thirty-four were black and forty were white. Of the white participants, 16 had clearly experienced bereavement through sudden death and 24 had clearly had forewarning of the impending death. This study was designed to investigate the effect on the survivor's grief reaction of race and of whether the spouse's death had been sudden or anticipated. Each participant was administered a demographic questionnaire and then given the Grief Experience Inventory (C.M. Sanders, P.A. Mauger, & P.N. Strong, 1977). This is a true-false questionnaire containing 135 items. It yields nine scales measuring different dimensions of bereavement: despair, anger, guilt, social isolation, loss of control, rumination, depersonalization, somatization, and death anxiety. The data were analyzed using a one-way analysis of variance. The main effects were type of death and race, and each of the nine Grief Experience Inventory scales was a dependent variable. No significant differences were found between sudden and lingering death survivors. The comparison of black versus white participants yielded three significant differences: Black participants scored significantly higher on GEI scales Denial, Social Desirability ($p < .001$) and Rumination ($p < .01$).

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Race and Type of Death as Factors in the Experience of Bereavement

The history of the scientific investigation into bereavement has been characterized by a growing appreciation of the complexity of the grief reaction. Whereas Freud (1917) regarded grief as a normal response to loss requiring no intervention, Bowlby (1961,1963), a more recent theorist in the psychoanalytic tradition, sees childhood grief as a crucial antecedant in the development of an assortment of adult pathologies, and a growing body of empirical research, dating for the most part from the past two decades, suggests that grief in adults may entail a wide range of risks to both physical and mental health. Whereas Lindemann (1944) estimated that the normal grief reaction lasts from four to six weeks, current thinking holds that it is measured in years rather than weeks and that a traumatic grief experience may, in fact, be an event from which the survivor never fully recovers. It has also become apparent that the circumstances surrounding the death and the characteristics of the survivor and of his relationship with the deceased can all affect the nature of the grief reaction so that no single finding regarding this topic holds true for all populations.

The present study aims to examine the effects of two variables connected with the loss of a spouse on the survivor's grief experience: type of death (whether sudden or anticipated) and race (black versus white). The first of these variables, the effect of forewarning on the grief experience, has been the focus of considerable research effort beginning with Lindemann's (1944) classic paper on acute grief. In this paper Lindemann expressed the opinion that forewarning of an impending death could enable the potential survivor to go through "all the phases of grief and depression" (p. 147) in advance of the death of a loved one and also to anticipate the modes of readjustment the death might necessitate. Subsequent attempts to provide empirical

validation of Lindemann's thesis have yielded inconclusive and contradictory results. Clayton, Halikas, Maurice, and Robins (1973) found that forewarning had no significant effect on the grief reactions of a sample of bereaved spouses. Gerber, Rusalem, Hannon, Battin, and Arkin (1975) reached the same conclusion in a study of aged widows and widowers (mean age: 67). Carey (1977, 1979-80) and Ball (1976-77), on the other hand, both reported that sudden death was associated with more intense grief reactions in the widows they studied. A possible source of confusion in such research has been differing definitions of sudden and of anticipated death. Thus Clayton, et al. (1973) define an illness too short to permit forewarning as one of less than six months' duration, whereas Ball (1976-77) limits her definition of sudden death to a death which occurred less than five days after the onset of symptoms. It was hoped that this problem could be eliminated in the present study by defining sudden death even more strictly as a death occurring after an illness of less than 24 hours.

The second variable, race, has received little if any attention; published studies in the area of bereavement all deal with white populations. It is reasonable to expect, however, that race might be an important variable in the experience of bereavement. In the first place the history of discrimination against black people in our society has resulted in a lower average income level for this group than for the white majority. Atchley (1975) suggests that income level and particularly the loss of income suffered by many widows upon bereavement may have an important bearing on the nature of their grief reactions with economic deprivation, for example, leading to the relinquishment of driving and to subsequent social isolation. The sociologist Lopata (1971,1973) studied widows' perceptions of themselves and of their treatment by others and found that whatever their ethnic identity, widows in general resemble a minority group. Of her sample, for example, 39 per cent agreed with the statement, "People take advantage of you when they find out

you are a widow" (Lopata, 1973, p. 59). If Lopata's conceptualization is valid, it would seem useful to examine the effects on black people, already members of a minority group, of entrance into a second minority, the widowed.

Method

The participants in this study consisted of 34 black participants, 6 male and 28 female, and 40 white participants, 20 male and 20 female. They ranged in age from 28 to 87 years and were all residents of greater Atlanta. All but four of the black sample were located through the oncology department of Grady Hospital in Atlanta. All remaining participants were located through the daily obituary sections of Atlanta newspapers. It had been hoped that all participants could be interviewed within two to three months following the death. Potential participants from Grady Hospital, however, were too few in number to permit an adequate sample to be interviewed during this period. For this reason the allowable interval for this population was expanded to a maximum of 13 months between the death and the interview.

Each participant was interviewed in his or her home by the principal investigator. Each was administered a demographic questionnaire and the Grief Experience Inventory (Sanders, Mauger, & Strong, 1976). This is a self-report inventory consisting of 135 true-false items designed to assess experiences, feelings, symptoms, and behaviors of individuals during the grief process. For an explanation of the individual scales see Table 1. The initial research design called for interviewing an equal number of black and white participants in both the sudden and lingering categories. In eight months of data collection, however, it was impossible to locate a sufficient number of black participants whose spouses had died suddenly. For that reason the original design, which would have used a two-way analysis of variance with race and type of death as main effects, was abandoned. T-tests were performed on GEI scales between white survivors of sudden versus anticipated loss, and between blacks and

whites using only those white spouses whose mates had died a lingering death.

Results

No significant differences were found between sudden versus lingering death survivors. The analysis for racial differences disclosed three significant effects. (See Table 6.) Black participants scored higher on the validity scales Denial and Social Desirability, which sample two closely related constructs, and on the clinical scale Rumination.

Discussion

The lack of significant findings in comparing the grief experiences of survivors of sudden versus anticipated deaths reported in the present study is in agreement with the findings of Clayton, et al. (1973) and of Gerber, et al. (1975). It is also similar to findings of Sanders (Note 2) in a study which also used the Grief Experience Inventory to measure the grief reaction.

The differences between black and white participants reported here suggests that in dealing with grief black people are more likely to use typical defense mechanisms such as denial, repression, and rationalization than white people, but even so they report being much more preoccupied with thoughts of the deceased than the white participants. The black participants' scores on Denial and Social Desirability are high enough to suggest that if these defense mechanisms had not been operating, significant differences on the other (clinical) scales besides Rumination might have been found. The current research design does not allow a determination of whether the higher use of denial is a typical aspect of the bereavement experience of black people or whether it was an epiphenomenon caused by the threat posed by a white examiner. A replication of this study using a black examiner would help to answer this question. To the extent that the differences represent the actual psychological experience of black people rather than a response to a white examiner, this study has possible implications for those who provide counseling or health care to black clients. Such providors should be aware that their black clients' self-

report of their reactions to the loss of a loved one may be overly optimistic and may mask a level of inner distress which might easily be underestimated if the clients' own assessments are taken at face value.

Because Grady Hospital, the source of all but four of the black participants, serves an economically disadvantaged population, this study compares a largely low-income black sample with a largely middle-class white sample. The confounding of the variables of race and income may have had an impact, as Atchley (1975) suggests, on the results. This problem is typical of psychological studies comparing black and white samples (Bloom, Whiteman, & Deutsch, 1967). In future studies efforts should be made to separate the effects of these two variables. The difficulty of locating subjects for this type of research, however, will make this a difficult assignment. One of the lessons learned by the authors from their experience with this research project is the need for patience and persistence in locating subjects for research on bereavement.

Reference Notes

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Table 1

Interpretation of Grief Experience Inventory Scales

Scale	Characteristic Measured
Denial	A validity scale. Indicates a hesitancy to admit to common but socially undesirable weaknesses and feelings.
Atypical Responses	A validity scale. Indicates the tendency to endorse items which less than 10% of the normative sample endorsed.
Despair	Measures the mood state of the respondent.
Anger/Hostility	Indicates the level of irritation, anger, or feelings of injustice.
Guilt	Expresses feelings of responsibility for the death.
Social Isolation	Characterized by withdrawal from social contacts and responsibilities.
Loss of Emotional Control	Indicates a person's ability to control overt emotional experiences.
Rumination	Measures the amount of time spent with thoughts concerning the deceased.
Depersonalization	Measures the numbness, shock, and confusion of grief.
Somatization	Indicates the extent of somatic problems which take place under the stress experience.
Death Anxiety	Measures the intensity of one's personal death awareness.
(The following are research scales which are exploratory in nature.)	
Sleep Disturbance	Measures difficulty sleeping normally.
Appetite	Indicates respondent's desire for food.
Vigor	Taps respondent's physical strength.
Physical Symptoms	Measures concern with bodily symptoms.
Optimism versus Despair	Gauges the degree of despair and loss of meaning felt by the survivor
Dependency	Measures the degree of need to lean on others.
Social Desirability	A validity scale. Reflects the tendency to respond in a socially acceptable manner

Note. From "The multidimensional nature of adult bereavement" by C.M. Sanders and P.A. Mauger. Paper presented at the 87th annual convention of the American Psychological Association, New York, September, 1979. Used by permission.

Table 2

GEI Scale Means and Standard Deviations:

All Participants (N=74)

GEI Scale	Mean	Standard Deviation
Denial	55.68	14.35
Atypical Responses	39.41	12.04
Despair	48.97	10.89
Anger	36.42	15.07
Guilt	45.23	9.99
Social Isolation	47.58	11.28
Loss of Control	51.04	8.72
Rumination	47.97	13.76
Depersonalization	49.03	10.83
Somatization	39.18	17.20
Death Anxiety	47.01	10.42
Sleep Disturbance	50.43	19.34
Loss of Appetite	48.88	9.71
Loss of Vigor	51.09	11.84
Physical Symptoms	46.12	15.41
Optimism/Despair	45.70	9.29
Dependency	49.09	12.40
Social Desirability	49.32	7.07

Table 3

GEI Scale Means and Standard Deviations by Race

GEI Scale	Black Participants (N=34) Mean	Standard Deviation	White Participants (N=40) Mean	Standard Deviation
Denial	62.03	14.87	50.28	11.54
Atypical Responses	40.12	11.46	38.80	12.63
Despair	49.21	11.45	48.78	10.52
Anger	39.03	16.54	34.20	13.51
Guilt	44.00	8.26	46.28	11.25
Social Isolation	49.53	12.80	45.93	9.67
Loss of Control	51.74	10.37	50.45	7.10
Rumination	51.91	13.15	44.63	13.52
Depersonalization	50.00	11.95	48.20	9.86
Somatization	39.03	16.92	39.30	17.65
Death Anxiety	47.00	10.17	47.03	10.76
Sleep Disturbance	48.18	20.18	52.35	18.63
Loss of Appetite	48.47	10.38	49.23	9.23
Loss of Vigor	52.24	10.69	50.13	12.80
Physical Symptoms	46.62	15.88	45.70	15.20
Optimism/Despair	46.47	10.13	45.05	8.58
Depencendy	49.53	12.51	48.73	12.44
Social Desirability	62.79	5.88	56.38	6.70

Table 4

GEI Scale Means and Standard Deviations by Type of Death

	Lingering Death Participants (N=24)		Sudden Death Participants (N=16)	
	Mean	Standard Deviation	Mean	Standard Deviation
Denial	52.42	13.34	47.06	7.43
Atypical Responses	41.42	14.48	34.88	8.12
Despair	48.83	11.85	48.69	8.53
Anger	35.29	12.91	32.56	14.64
Guilt	44.58	8.24	48.81	14.62
Social Isolation	45.75	10.08	46.19	9.33
Loss of Control	50.38	7.81	50.56	6.12
Rumination	43.00	12.60	47.06	14.88
Depersonalization	46.92	9.96	50.13	9.70
Somatization	42.71	20.24	34.19	11.62
Death Anxiety	46.13	10.08	48.38	11.93
Sleep Disturbance	51.75	19.25	53.25	18.24
Loss of Appetite	48.63	8.59	50.13	10.33
Loss of Vigor	50.71	14.07	49.25	10.10
Physical Symptoms	49.08	17.66	40.63	8.76
Optimism/Despair	44.50	9.18	45.88	7.81
Dependency	51.67	11.93	44.31	12.23
Social Desirability	55.63	6.95	57.50	6.36

Table 5

Effects of Type of Death on GEI Scores

GEI Scale	Means		t
	Lingering (N=24)	Sudden (N=16)	
Denial	52.42	47.06	0.15
Atypical Responses	34.88	34.88	0.11
Despair	48.83	48.69	0.97
Anger	35.29	32.56	0.54
Guilt	44.58	48.81	0.25
Social Isolation	45.75	46.19	0.89
Loss of Control	50.38	50.56	0.94
Rumination	43.00	47.06	0.36
Depersonalization	46.92	50.13	0.32
Somatization	42.71	34.19	0.14
Death Anxiety	46.13	48.38	0.52
Sleep Disturbance	51.75	53.25	0.81
Loss of Appetite	48.63	50.13	0.62
Loss of Vigor	50.71	49.25	0.73
Physical Symptoms	49.08	40.63	0.09
Optimism/Despair	44.50	45.88	0.63
Dependency	51.67	44.31	0.07
Social Desirability	55.61	57.50	0.39

Table 6

Effects of Race on GEI Scores

GEI Validity Scale	Mean		t
	Blacks (N=34)	Whites (N=40)	
Denial	62.03	50.28	3.82***
Atypical Responses	40.12	38.80	0.47
Social Desirability	62.79	56.38	4.34***

GEI Clinical Scale	Mean		t
	Blacks (N=30)[a]	Whites (N=24)[a,b]	
Despair	50.23	48.83	0.43
Anger	40.00	35.29	1.13
Guilt	44.47	44.58	-0.05
Social Isolation	51.00	45.75	1.64
Loss of Control	52.73	50.38	0.94
Rumination	52.57	43.00	2.72**
Depersonalization	51.20	46.92	1.42
Somatization	40.97	42.71	-0.34
Death Anxiety	47.77	46.13	0.60
Sleep Disturbance	49.33	51.75	-0.45
Loss of Appetite	49.60	48.63	0.37
Loss of Vigor	52.87	50.70	0.63
Physical Symptoms	48.57	49.03	-0.11
Optimism/Despair	47.20	44.50	1.00
Dependency	49.53	51.67	-0.64

[a]With these scales only those participants with valid profiles and with forewarning of spouses' deaths were analyzed.

[b]Because all but one of the black participants had lost their spouses through a lingering death, only those white participants in the lingering death category were used in this comparison.

**$p<.01$.

***$p<.001$.